## Healthy Living National 4-H Youth Summit February 10-13, 2022

## APPLICATION FORM

Name:			
Address:			
City:	State:	Zip Code:	
4-H County:	Years in 4-H:		
Email:	Cell Phone:		
Gender:	DOB:	Grade (as of September 2021)	
Parent/Guardian Nam	e:		
Cell Phone:		Email:	
Explain your involvem 4-H projects or events		nutrition, health, fitness, food insecurity,	and/or related
Why are you interested	in participating in the Heal	ny Living National 4-H Youth Summit?	
What do you hope to le	earn from this event?		

**Note:** Please ask your county 4-H agent or 4-H program associate to send an email to Jeannette Rea Keywood (<u>reakeywood@njaes.rutgers.edu</u>) to verify that you are a member in good standing.